

SECTION B: CRISIS

Circumstances: (Check all that apply)

- Business was deemed non-essential and mandated to close during Phase 1
- Business activity was substantially reduced due to Governor Inslee’s various proclamations/orders of TPCHD regulations.
- Business procedures are being/were substantially modified in order to reopen due to Governor Inslee’s various proclamations/orders of TPCHD regulations resulting in increased costs.
- The cost of doing business substantially increased in order to comply with Governor Inslee’s various proclamations/orders of TPCHD regulations.
- Other (please describe in detail below).

Please give a brief account of the circumstances:

I certify that I have provided and reviewed the information on this application, and it is accurate to the best of my knowledge. I give my permission for the Finance Committee Reviewer to request/release necessary information that may result in my receiving benefits. I hereby authorize the Town of Eatonville to release business license information to the Finance Committee for review.

I understand that I may or may not receive assistance under this program and, if assistance is provided, payment will be made under the name of my business.

Applicant Signature _____ Date _____

Submit Completed form and W-9 to:
 Town of Eatonville
 Utility Assistance Program
 PO Box 309
 Eatonville, WA 98328

Or drop off in the Utility Drop Box
 201 Center St W, Eatonville WA

SECTION C: FINANCE COMMITTEE REVIEWER

Approved \$ _____
 Disapproved

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____